


TEST DATE 04/13/09	OKLAHOMA CORPORATION COMMISSION Oil & Gas Conservation Division Post Office Box 52000-2000 Oklahoma City, Oklahoma 73152-2000			Form 1075 REV.01/09
Mechanical Integrity Test OAC 165:10-5-6(d)(1)				
Operator Spess Oil Company			OTC/OCC No. 2057	
Address 200 S Broadway St.			Phone No. 918-358-5831	
City Cleveland	State Ok.	Zip 74020-4717	FAX No.	
Test Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Retest <input type="checkbox"/> Change of Operator Well Type: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> Noncommercial Disposal <input checked="" type="checkbox"/> Injector				
Authorizing OCC Order No. 29816		Additional Orders		
Well Name & Number Stasta #1		API 081-03909	Lat 35 ° 33 ' 37 "	Long 96 ° 45 ' 39 "
Location 1/4 NW 1/4 SW 1/4 NW 1/4		Sec 35	Twp 13N	Rge 5E
County Lincoln			Unit Order No.	
Unit Name				
REWORK PRIOR TO TEST? EXPLA <input type="checkbox"/> Yes <input type="checkbox"/> No				
PRESSURE TEST <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL Csg/Tbg Annulus Tested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Surf. Csg. Press. Before Test 0	Tbg. Press. Before Tes 0	Annulus Press. Before Tes 0	Flow-back Volume NA	
Max. Press. Per OCC Orde NA	Packer Depth Per OCC Order NA	Actual Packer Depth NA	Estimated Pkr. Depth NA	
STARTING TEST PRESS. 300		ENDING TEST PRESS 300		Positive Annulus Pressure Monitoring? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
WELL SHUT DOWN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No REASON _____				
Alternative Testing Procedure Authorized by OCC Order No. _____				
Tracer Survey <input type="checkbox"/> Pass <input type="checkbox"/> Fail Fluid Level <input type="checkbox"/> Pass <input type="checkbox"/> Fail Tubing Pressure <input type="checkbox"/> Pass <input type="checkbox"/> Fail Fluid Depression <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Casing Patched or Squeezed <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Type <input type="checkbox"/> Mechanical Casing Patch <input type="checkbox"/> Cement Squeeze <input type="checkbox"/> Remedial Fluid Describe _____		
I, the undersigned, am employed by <u>Spess Oil Company</u> and am authorized to make this report. This report was prepared under my supervision and all facts stated herein are true, correct and complete under penalty of applicable rules, regulations and statutes.				
_____ Signature of Company Representative				
<input checked="" type="checkbox"/> I Have Witnessed the performance of the Mechanical Integrity Test shown above and certify the data shown above to be true, correct & complete. <input type="checkbox"/> I Did Not Witness the performance of the Mechanical Integrity Test, the facts provided by the operator are believed to be True & Correct.				
 Mon Apr 2009 04/13/09 13:45:52 SigPlus1- U62:AS64				

Mechanical Integrity Test

Test Date 2-19-04

OAC 165: 10-5-6 (d)(1)

Form 1075, revised 4/03

Oklahoma Corporation Commission

Oil and Gas Conservation Division

PO Box 52000

OKC, OK, 73152-2000

Operator Spess Oil Co.
Address 260 S. Broadway St.
City Cleveland, OK

OTC No. 2057

Phone

Zip 74020

Test Type: ☐ Initial ☒ Retest

Well Type: ☐ COMMERCIAL ☐ Noncommercial Disposal ☒ Injector

Authorizing OCC Order Number 29816

Order Date 2-15-55

Additional Orders

Well Name Slaspa 1

API No. 081-03909

1/4 NW 1/4 SW 1/4 NW 1/4 Sec 35 Twp 13N Rge 5E

County Lincoln

Unit Name

Unit Order

REWORK PRIOR TO TEST? EXPLAIN

PRESSURE TEST ☒ PASS ☐ FAIL

Csg/tbg Annulus Tested? ☒ Yes ☐ No

Surf. Csg. Press. Before Test

Tbg. Press. Before Test

Max. Press. Per OCC Order

Annulus Press. Before Test

Packer Depth Per OCC Order

STARTING TEST PRESS. 100

Actual Packer Depth

ENDING TEST PRESS. 200

Flow-back Volume _____ gals Estimated Pkr. Depth

WELL SHUT DOWN? ☐ YES ☒ NO

REASON

Positive Annulus Pressure Monitoring? ☐ Yes ☐ No

Alternative Testing Procedure Authorized by OCC Order No.

Tracer Survey ☐ Yes ☐ No

☐ Pass ☐ Fail

Fluid Level ☐ Yes ☐ No

☐ Pass ☐ Fail

Tubing Pressure ☐ Yes ☐ No

☐ Pass ☐ Fail

Fluid Depression ☐ Yes ☐ No

☐ Pass ☐ Fail

RECEIVED
OIL & GAS CONSERVATION DIVISION
BRISTOW DISTRICT

FEB 20 2004

OKLAHOMA CORPORATION COMMISSION

I, the undersigned, am employed by Spess Oil Co. and am authorized to make this report. This report was prepared under my supervision and all facts stated herein are true, correct and complete under penalty of applicable rules, regulations and statutes.

[Signature] Company Representative

I have witnessed the performance of the pressure test shown above and certify that the test data shown herein are true, correct and complete.

[Signature] OCC Field Representative

Mechanical Integrity Test

Test Date 12-31-98

OAC 165: 10-5-6 (d)(1)

Form 1075, revised 10/94

Oklahoma Corporation Commission

Oil and Gas Conservation Division

PO Box 52000-2000

OKC, OK 73152-2000

29816

Operator Sparks Oil Co.

Address 200 S. Broadway

City Okmulgee, OK

OTC No. 02057

Phone 74020

Zip 74020

Test Type: () Initial (X) Retest

Well Type: () COMMERCIAL () Noncommercial Disposal (X) Injector

Authorizing OCC Order Number 29816

Order Date 2-5-55

Additional Orders

Well Name Starta #1

API No. 021-03969

1/4 NW1/4 SW1/4 NW1/4 Sec 35 Twp 13N Rge 5E

County Okfuskee

Unit Name East Sparks Base Sand Unit

Unit Order

REWORK PRIOR TO TEST? EXPLAIN

PRESSURE TEST (X) PASS () FAIL

Surf. Csg. Press. Before Test

Max. Press. Per OCC Order

Packer Depth Per OCC Order

Actual Packer Depth

Flow-back Volume

WELL SHUT DOWN? () YES (X) NO

Positive Annulus Pressure Monitoring? () Yes () No

Csg/Tbg Annulus Tested? (X) Yes () No

Tbg. Press. Before Test

Annulus Press. Before Test

STARTING TEST PRESS. 200

ENDING TEST PRESS. 200

gals Estimated Pkr. Depth

REASON

Alternative Testing Procedure Authorized by OCC Order No.

Tracer Survey () Yes () No

Fluid Level () Yes () No

Tubing Pressure () Yes () No

Fluid Depression () Yes () No

() Pass () Fail

() Pass () Fail

() Pass () Fail

() Pass () Fail

RECEIVED

OIL & GAS CONSERVATION DIVISION
BRISTOW DISTRICT

JAN 4 1999

OKLAHOMA CORPORATION
COMMISSION

I, the undersigned, am employed by Sparks Oil Co. and am authorized to make this report. This report was prepared under my supervision and all facts stated herein are true, correct and complete under penalty of applicable rules, regulations and statutes.

[Signature]

Company Representative

I have witnessed the performance of the pressure test shown above and certify that the test data shown herein are true, correct and complete.

[Signature]

OCC Field Representative

1st copy: Operator, 2nd copy: Field Insp., 3rd copy: Dist. Office, 4th copy: UIC Dept.